



PLAN REVISION INFORMATION SHEET

CITY OF LEMON GROVE BUILDING DIVISION
3232 MAIN ST., LEMON GROVE, CALIF 91945-1705
619) 825-3805 / FAX (619) 825-3818

Plan Revision # _____ Revision Planck # _____

SITE ADDRESS: _____

ORIGINAL PLAN CHECK # _____ DATE: _____

CONTACT PERSON: _____

PHONE # _____ FAX # _____

REVISIONS MUST BE SUBMITTED BY OWNER OR APPROVED SIGNED AGENT. IF AN ARCHITECT OR ENGINEER PREPARED ORGINAL PLANS, THAT PERSON MUST SIGN AND STAMP THE REVISIONS.

1. DESCRIBE THE REVISIONS:

2. LIST THE SHEETS AFFECTED BY THE REVISION: _____

WILL THE REVISIONS BE SLIP-SHEETED INTO THE PLANS? YES _____ NO _____

3. ITEMS REVISED: PLANS ____ CALCS ____ SOILS ____ ENERGY ____
OTHER _____

4. DO THE PROPOSED REVISION(S) ALTER OR AFFECT THE FLOOR AREA(S) OF THE PROJECT? YES _____ NO _____

5. DO THE PROPOSED REVISION(S) ALTER OR AFFECT THE EXTERIOR OF THE PROJECT?
YES _____ NO _____

Building Approval _____ Planning Approval _____ Fire Approval _____

Engineering Approval _____ Assessor s Set _____

Schools _____ Sanitation _____ Health _____ Other _____

Other _____